

REQUIRED FOR APPLICATION A APPROVAL

Cattle Genetics, Livestock Equipment, Hay Storage, Livestock Feed Storage, Grain Storage

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

1) If you circled number 1-5 above, fill in your Social Security Number.

____ - ____ - _____

2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____



Pages 14, 15 and 16 required for complete application

5. LIVESTOCK AND ACREAGE INFORMATION:											
Check type of livestock/acreage on your operation and LIST NUMBER OF HEAD OR ACRES in box below.											
<input type="checkbox"/> Beef	<input type="checkbox"/> Dairy	<input type="checkbox"/> Goats	<input type="checkbox"/> Sheep	<input type="checkbox"/> Broilers	<input type="checkbox"/> Layers	<input type="checkbox"/> Swine	<input type="checkbox"/> Hay	<input type="checkbox"/> Corn	<input type="checkbox"/> Soybeans	<input type="checkbox"/> Wheat	<input type="checkbox"/> Other
#hd	#hd	#hd	#hd	#hd	#hd	#hd	#hd	#ac	Total number of acres in crop production:		#ac

6. COST SHARE REQUEST SUMMARY

Important: Failure to utilize allocated funds can affect eligibility for future programs.

Program Check To Apply	Livestock/Acreage Minimum Requirements Must meet at least one requirement per program	Eligible Items	COST QUOTE with contact information	35% Cost Share Standard Producer	50% Cost Share Master Producer	Cost Share Requested	Office Use Only
Cattle Genetics <input type="checkbox"/> Yes <input type="checkbox"/> No	CATTLE – 30 HEAD	See Section A page 5	Not Required	\$1,200 MAX	\$1,200 MAX	\$	<input type="checkbox"/> A <input type="checkbox"/> D
Livestock Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	CATTLE – 30 HEAD GOATS/SHEEP – 50 HEAD	See Section B page 6	Not Required	\$3,500 MAX	\$3,500 MAX	\$	<input type="checkbox"/> A <input type="checkbox"/> D
Hay Storage <input type="checkbox"/> Yes <input type="checkbox"/> No	CATTLE – 30 HEAD GOATS/SHEEP – 50 HEAD HAY – 50 ACRES	See Section D page 8	Cost Quote Required with Application	\$7,500 MAX	\$7,500 MAX	\$	<input type="checkbox"/> A <input type="checkbox"/> D
Livestock Feed Storage <input type="checkbox"/> Yes <input type="checkbox"/> No	CATTLE – 100 HEAD GOATS/SHEEP – 150 HEAD BROILERS – 10,000/YR LAYERS – 5,000/YR SWINE – 100 HEAD	See Section E page 10	Cost Quote Required with Application	\$10,000 MAX	\$10,000 MAX	\$	<input type="checkbox"/> A <input type="checkbox"/> D
Grain Storage <input type="checkbox"/> Yes <input type="checkbox"/> No	GRAIN – 100 ACRES	See Section F page 12	Cost Quote Required with Application	\$15,000 MAX	Not Available	\$	<input type="checkbox"/> A <input type="checkbox"/> D

- I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.
- I have reviewed and understand all of the guidelines listed in this application booklet.

SIGN HERE

X _____
Producer Signature

Print Name

Date

TOTAL COST SHARE REQUESTED	\$
NO FAXES ACCEPTED	\$250 Minimum Request Per Program

Mail to:
Tennessee Dept. of Agriculture
Attn: TAEP FY09-10
P.O. Box 40627
Nashville, TN 37204

Applications must be hand-delivered or postmarked June 1 through July 1, 2009

Application A Check List

- ☐ I meet the eligibility requirements (page 3).
- ☐ I have listed my Premises ID (page 3). This is a requirement for applicants with livestock.
- ☐ The name on my application is either the primary or secondary name listed on my premises account.
- ☐ The name on my application is the same name that is listed on my BQA, PQA, Master Beef, Master Meat Goat and/or TQMI class documentation *if applicable*.
- ☐ I have the ability and financial capacity to complete requested project(s).
- ☐ I understand that failure to utilize allocated funds can affect eligibility for future program participation.
- ☐ I have completed all sections of the application. *It is very important to fill in all blanks and check the appropriate boxes when requested.*
- ☐ I have signed my application.
- ☐ I understand that I can only submit one application A per household, per premises or property, per application period.
- ☐ I have signed and included the Substitute W-9 form (page 14).
- ☐ I understand that my cost share reimbursement will be mailed to the address listed on my Substitute W-9 form.
- ☐ I am including my cost quote(s), including the source of the quote(s) and contact information, with my application A. Hay Storage, Livestock Feed Storage and Grain Storage programs REQUIRE a cost quote to be submitted with the application. *Cost quotes are not required for Livestock Equipment and Cattle Genetics.*
- ☐ I understand that the minimum cost share request per program is \$250.
- ☐ I have a copy of my application and support documentation for my records.

